

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Middle District of Tennessee

Case number (*If known*): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Benchmark Healthcare of Dane County, Inc.

2. All other names debtor used in the last 8 years

DBA Heartland Country Village

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

39-1946225

4. Debtor's address

Principal place of business

634 Center Street

Number Street

Black Earth WI 53515
City State ZIP Code

Dane County

County

Mailing address, if different from principal place of business

485 Central Avenue NE

Number Street

P.O. Box

Cleveland TN 37311

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

6231

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor _____ Relationship _____
Affiliate _____

District _____ When _____
MM / DD / YYYY

Case number, if known _____

Debtor Benchmark Healthcare of Dane County, Inc.
Name _____

Case number (*if known*) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated assets

\$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

\$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

Debtor	Benchmark Healthcare of Dane County, Inc.		Case number (<i>if known</i>)
Name			
16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/30/2022
MM / DD / YYYY

/s/ Thomas Johnson

Signature of authorized representative of debtor

Thomas Johnson

Printed name

Title President

18. Signature of attorney

/s/ Robert Gonzales

Signature of attorney for debtor

Date 08/30/2022

MM / DD / YYYY

Robert Gonzales

Printed name

EmergeLaw, PLC

Firm name

4000 Hillsboro Pike 1112

Number Street

Nashville

City

6158151535

Contact phone

TN 37215

State ZIP Code

robert@emerge.law

Email address

016705

Bar number

TN

State

3 BELOW LLC
146 W WATER STREET
GREENVILLE, OH 45331

AMERICAN HEALTHTECH
PO BOX 745025
ATLANTA, GA 30374-5025

BIOTECH XRAY INC
2895 ALGOMA BLVD #2
OSHKOSH, WI 54901

CAPITAL LOCK, INC
1302 REGENT STREET
MADISON, WI 53715

COMPASSION HEALTH MANAGEMENT LLC
1115 MUNSTER STREET
ORLANDO, FL 32803

CORNELIUS, LYNDY
611 MAPLE ST
POPLAR BLUFF, MO 63901

CT CORPORATION
Attn: CAROLINE MORIS
PO BOX 4349
CAROL STREAM, IL 60197

D&D DRAIN SERVICE
DAN KALSCHEUR
7668 LODI SPRINGFIELD RD
LODI, WI 53555

DANE COUNTY TREASURER
T ADAM GALLAGHER
PO BOX 1299
MADISON, WI 53701

DIVISION OF QUALITY ASSURANCE
BUREAU OF NURSING HOME RESIDENT CARE
PO BOX 93679
MILWAUKEE, WI 53293

DYBDAHL, DAVID
4200 BLUE MOUNDS TRAILBLACK EARTH

ELLINGSON PRO-CLEAN, INC.
P O BOX 45165
MADISON, WI 53744

ESTATE OF ROBER ONSAGER
7201 BIRCHWOOD DRIVE
SAUK CITY, WI 53583

ESTATE OF BERNICE HERNIGLE
10323 COUNTRY RD KP
MAZOMAINE, WI 53560

ESTATE OF CHRISTINA LANGE
2306 VALLEY ST
CROSS PLAINS, WI 53528

ESTATE OF LORRAINE E. OLSON
209 BETH CIRCLE
MOUNT HOORB, WI 53572

ESTATE OF SHIRLEY E. STARCZYNSKI
5550 COUNTY ROAD F
MAZOMAINE, WI 53560

ESTATE RECOVERY COLLECTIONS
313 BLETTNER BLVD
MADISON, WI 53784

FITZSIMMONS HOSPITAL SERVICES
PO BOX 497
OAK FOREST, IL 60452

FUNCTIONAL PATHWAYS
10133 SHERRIL BLVD
SUITE 200
KNOXVILLE, TN 37932

GORDON FOOD SERVICE
PO BOX 88029
CHICAGO, IL 60680

GUARDIAN PHARMACY OF WISCONSIN
3250 KINGSLY WAY
MADIOSN, WI 53713

HANSON, HAROLD
C/O NANCY LE
1119 ASPEN RD
KOHLER, WI 53044

HYBRENT, INC.
626C ADMIRAL DR
ANNAPOLIS, MD 21401

IPFS CORPORATION
PO BOX 730223
DALLAS, TX 75373

IRON MOUNTAIN SECURE SHREDDING
PO BOX 27128
NEW YORK, NY 10087

J.F. AHERN CO
PO BOX 1316
ACCOUNTING DEPT
FOND DU LAC, WI 54936

KONICA MINOLTA 061-0108149-000
21146 NETWORK PLACE
CHICAGO, IL 60673

KONICA MINOLTA BUSINESS SOLUTIONS USA IN
DEPT. AT 952823
ATLANTA, GA 31192

KRANTZ ELECTRIC INC
2650 N NINE MOUND ROAD
VERONI, WI 53593

KUENNING, BETTE
LESLIE PARR
890 COUNTY RD JG
MOUNT HOREB, WI 53572

LEADING AGE WISCONSIN
204 SOUTH HAMILTON STREET
MADISON, WI 53703

MED-PASS, INC.
L-3495
COLUMBUS, OH 43260

MEDILOGIX LLC
PO BOX 677224
DALLAS, TX 75267

MEDLINE INDUSTRIES INC
DEPT CH 14400
PALATINE, IL 60055

MERITER LABORATORIES
PO BOX 681166
CHICAGO, IL 60695

MODERN HEATING & COOLING, INC.
10050 HWY. 14
BLACK EARTH, WI 53515

NETSMART TECHNOLGIES INC
PO BOX 713519
PHILADELPHIA, PA 19171

NEWS PUBLISHING CO INC
PO BOX 286
BLACK EARTH, WI 53515

NORTHWEST RESPIRATORY - CUST ID 02564
NW-7459 PO BOX 1450
MINNEAPOLIS, MS 55485

OLD SEVILLE EXPENSE REDUCTION INC
PO BOX 967
GULF BREEZE FL, 32562

OPSAI, JAMES
115 CHERRY ST
CARY, IL 60013

OTIS ELEVATOR CO
PO BOX 73579
CHICAGO, IL 60673

PASS LLC
DBA PROCURE ADVANTAGE SHIPPING SERVICES
485 CENTRAL AVE NE
CLEVELAND, TN 37311

PHILLIPS TOTAL CARE PHARMACY INC
125 E. STATE STREET
MAUSTON, WI 53948

PIONEER TECHNOLOGY
801 BROAD STREET SUITE 640
CHATTANOOGA, TN 37402

PLUSLUX, LLC
461 DOUGHTY BLVD
INWOOD, NJ 11096

PRIME CARE TECHNOLOGIES
6650 SUGARLOAF PKWY
SUITE 400
DULUTH, GA 30097

QUALITY CARE REHAB, INC
8477 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

RAPID EXAMS
PO BOX 8123
DES MOINES, IA 50301

SAUK PLAINS PLUMBING & PUMPS INC
PO BOX 127
PRARIE DU SAC, WI 53578

SAUK PRAIRIE MEMORIAL HOSPITAL INC

SAVING GRACE IN-HOME HEALTH LLC

SENIOR LIVING SUPPORT SERVICES
114 STUART ROAD NE # 295
CLEVE;AND, TN 37312

SMARTLINX LLC

SOCIALLYUP

STAPLES BUSINESS ADVANTAGE

STATE BANK OF CROSS PLAINS

STERICYCLE INC

TOBUREN, AMY

TROUSDALE FOUNDATION INC.

TWOMAGNETS INC.
340 S LEMON AVE
WALNUT, CA 91789

VILLAGE OF BLACK EARTH TREASURER

WAYSTAR INC

WI DEPARTMENT OF HEALTH SERVICES
BOX #93594
MILWAUKEE, WI 53293

WI DEPT OF REVENUE
PO BOX 930208
MILWAUKEE, WI 53293

United States Bankruptcy Court
Middle District of Tennessee

In re: Benchmark Healthcare of Dane County, Inc. Case No.
Debtor(s) Chapter 11

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 08/30/2022

/s/ Thomas Johnson

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor